

HUD's Crime Prevention Program

Lynn A. Curtis, PhD

The Department of Housing and Urban Development (HUD) administers a 13-agency program of crime prevention targeted on the largest and most crime-ridden public housing projects around the country.

Homicide is the result of causal factors that the Presidential Crime and Violence Commissions of the 1960s addressed: blocked economic opportunities, relative deprivation, family breakdown, and institutional racism. These basic causes still operate today.

What can be done? There are criminal justice responses: handgun control, police teams trained to handle domestic quarrels, victim-witness programs, and the separation in prison of youths convicted of relatively minor offenses from hardened criminals. Although such criminal justice approaches are important, they deal chiefly with symptoms rather than causes. The structural problems remain: how to create full employment, improve the economic position of blacks, and eliminate institutional racism. Traditional Keynesian "trickle down" economic policies have not worked. And the new supply side conservative economics is even less sensitive to the needs of minorities. An alternative "bubble-up" economic policy carefully targeted to neighborhoods, however, may prove successful.

The neighborhood approach is one of the bases for the HUD anticrime program. Minority consultants from the American Institutes for Research (a private think tank in Washington, D.C.) first searched the literature to find what approaches had and had not worked to prevent crime in and around public housing. Tenants in housing projects across the country were asked their opinions about what should be done. Public housing executives and criminologists were consulted. From these conferences a conceptual framework involving seven areas was developed:

1. Improvement of the management of the public safety throughout a public housing project.
2. Improvement of the physical safety of the buildings and environmental design.
3. Organization of the tenants—giving them funds to fight crimes in the ways that they choose. This step is really the core of the program.
4. Employment of youths—a recognition that there is a relationship between unemployment and crime.
5. Comprehensive special services to reduce crime, ranging from prevention of juvenile delinquency and of alcohol and drug abuse to victim-witness services and programs for the elderly.
6. Improved police protection in projects, including use of domestic quarrel and conflict resolution teams and youths working with police in team policing.
7. Cooperative, local-level partnerships in which the city and the private sector target resources not only on the public housing project but also on the neighborhood surrounding it.

The essence of the anticrime program is to facilitate self-help. An important facet is the creative, integrated use of jobs from the Department of Labor (DOL) and money from

the Law Enforcement Assistance Administration, ADAMHA, and DOL. The program's managers are trying to answer questions that Nathan Caplan's research at the University of Michigan raised about why some of the brightest youths in DOL JOBS I and JOBS II training programs dropped out just before they were about to move into the work force (1, 2).

One of the most promising public housing models is the House of Umoja in Philadelphia, where David and Falaka Fattah, parents of six sons, invited 15 tough, alienated members of neighborhood gangs to live with them as members of an extended family for a year (3). They instilled pride in the boys by emphasizing the African concept of the extended family through which all members lend each other support. The House does not isolate the boys from the community; in fact, there is strong emphasis on community services. The House now provides a variety of neighborhood programs for children, elderly citizens, and local businesses, and is rehabilitating a whole block of row houses, teaching skills to the boys in the process.

Part of the Umoja model might be difficult to implement in other public housing because the success in Philadelphia has depended on the Fattahs. But the basic ideas—emphasis on indigenous community processes, installation of self-pride, creation of unity, and generation of meaningful employment—are important.

What does a mental health program really mean in a West Philadelphia slum or a huge public housing project? Treatment directed at the neuroses of whites is hardly relevant to situations like these. Techniques that build on community self-help can do much to combat black homicide.

References

1. Caplan, N.: The new ghetto man: a review of recent empirical studies. *J Soc Issues* 26: 59-74 (1970).
2. Curtis, L. A.: Violence, race and culture. Lexington Books, D. C. Heath and Company, Lexington, Mass., 1975.
3. Woodson, R. L.: A summons to life. Ballinger Publishing Company, Cambridge, Mass. In press.

Advocacy for Life: Mandates, Models, and Priorities for Prevention

Bertha G. Holliday, PhD

Black homicide should be given a priority in expending ADAMHA's prevention funds. Black homicide is imbedded in the day-to-day reality of the black community. ADAMHA has a legislative mandate to support research, demonstration projects, and dissemination efforts related to alcohol and drug abuse and mental health; alcohol and drugs figure in the majority of black homicides. Homicides have emotionally stressful antecedents and consequences, and homicide is the ultimate antithesis of health promotion and human resource development.

Existing theories and data on crime and homicide are compatible with ADAMHA's increasing emphasis on developmental, ecological, and transactional processes. The multiple aspects of black homicide encompass the criminal justice

system and increased gun control as well as other issues outside ADAMHA's mandate—for example, unemployment, delinquency, incarceration, and rehabilitation.

Victims and perpetrators in most black homicides are well known to one another—the crimes occur in familiar settings. Thus, most black homicides arise from difficulties in human relationships and interpersonal behavior, and these are basic mental health issues.

ADAMHA should lead in establishing a mechanism to coordinate interagency analysis and action on black homicide. The mechanism must be formal, continuous, and have a policy focus rather than a program focus. A possible model is the Federal Interagency Committee on Education. Effective action on the multiple facets of black homicide also must be guided by a well-articulated conceptual model. Past research on and intervention in nonwhite communities suggest that such a model should be community based and compatible with existing community structures, processes, and values. And an ADAMHA-funded model also should be consistent with the agency's mandate, perceived role, and its evolving concepts and prevention policies. A conceptual model should incorporate existing knowledge about black homicides and have as its first dimension the type of prevention—whether primary, secondary, or tertiary.

ADAMHA's evolving prevention policy places little emphasis on the tertiary level—the victims and perpetrators. Yet, the perpetrators and persons who have survived homicide attempts can be sources of hard data. Secondary prevention could be targeted to persons whose accumulated social and behavioral patterns suggest that they are at extremely high risk of homicide. Primary prevention—health promotion and homicide prevention—must be targeted to ameliorating those social conditions associated with a high incidence of black homicide.

A second dimension of the model is the "target groups." Persons under 18 years of age are distinguished by their status in the criminal justice system and other institutions. Persons 18 to 35 years are distinguished because homicide is among the leading causes of death among black males in this age group. The third group is persons over 35 years.

The model's third dimension is comprised of levels of analysis and action. One of these levels focuses on the individual, his characteristics, and the multiple influences upon his actions. Another level focuses on processes within and among networks such as families, peers, friends, social agencies, and community institutions and settings in which people are routinely involved. A third level, the institutional sphere, concerns the functions, practices, interrelationships, and policies of the major social institutions having relationships with homicide perpetrators, such as educational institutions, employment organizations, the criminal justice system, and the health care system.

The dynamic intersections among the model's three dimensions provide a framework for identifying the gaps in our data, services, and policies. For example, at the intersection of primary prevention at the individual level, we know that blacks account for approximately 54 percent of homicides committed by persons under 18 years. We also know that low

academic achievement and high truancy rates are strongly associated with delinquency. We have identified many behavioral and personality patterns that are associated with delinquent youth, but there are too few well-targeted and well-evaluated educational interventions to counteract these patterns.

The intersection of secondary prevention of homicide at the social network level has revealed a number of gaps. The target population is comprised of youths who have had police contacts, and we know little about the most effective ways to use our existing resources to help them. There are few service models that identify, incorporate, and exploit natural, healthy role models such as the long-time neighbor whom the youth has always addressed as "Ma'am" or "Sir" or the persons who have influence with his parents.

Additional gaps exist at the intersection of tertiary prevention at the institutional level. This intersection involves the policies and practices of institutions for juvenile delinquents. There are social-cultural, behavioral, and personality theories of juvenile delinquency and a variety of treatment models using, for example, behavior modification, social modeling, and vocational rehabilitation. Yet, no clear linkage exists between a specific theory and the treatment used. Therefore it is not known what treatment will be most effective for a given youth exhibiting a specific personality and specific behavioral and social-cultural traits.

Use of the proposed model for black homicide prevention would help us to understand more fully the attitudes, behaviors, critical incidents, and social forces that provoke homicide, as well as the forces that keep other persons at high risk of homicide from becoming perpetrators or victims of this crime. Despite serious gaps in knowledge, services, and policies relating to black homicides, we must act soon. The problem of black homicide is visible, life threatening, and pervasive enough to warrant immediate and aggressive Federal policies and actions for advocacy for life.

Homicide Prevention from the Perspective of the Office of Health Promotion

Donald C. Iverson, PhD

Homicide does not fit neatly into the usual framework of considerations of the Public Health Service. Hence, a different approach is taken by the Service's Office of Health Information and Health Promotion in analyzing these problems and suggesting policy changes. The model used is based on work by Anderson (1) and refined by Green and his associates into a planning framework labeled PRECEDE (2).

In this model an attempt is made, through a review of the literature, to identify behavioral causes of homicide among blacks. Possible causes might include, for example, family conflicts, the need for money to support drug or alcohol habits, or being under the influence of alcohol. These factors are ranked in importance (that is, according to how highly correlated they are with the health problem—homicide) and changeability.

The next step involves the identification and selection of